

Let's Bush  
Governor



John O. Agwunobi, M.D., M.B.A.  
Secretary

**LEON COUNTY HEALTH DEPARTMENT**

**APPLICATION PACKET**

**FOR AN**

**ONSITE SEWGE TREATMENT AND DISPOSAL**

**SYSTEM**

**“SITE-ONLY” EVALUATION**

Feb Bush  
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**ONSITE SEWAGE TREATMENT DISPOSAL SYSTEM PERMIT**  
**AGENT AUTHORIZATION FORM**

**(COMPLETE AND ATTACH TO PERMIT APPLICATION)**

**TO:** Leon County Health Department  
Environmental Health/Onsite Sewage Program

**FROM:**

Name \_\_\_\_\_  
(PRINT)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephones# \_\_\_\_\_

I, \_\_\_\_\_, legal property owner  
of the land or parcel(s) located at: \_\_\_\_\_

Parcel # \_\_\_\_\_

Hereby authorize \_\_\_\_\_ as my  
agent/representative to act on my behalf in all aspects of the application process in  
order to obtain an Onsite Sewage Treatment Disposal System Permit from the  
Department Of Health, Leon County Health Department, Onsite Sewage Program.  
My agent or representative is delegated my authority to submit all documents,  
exhibits and fees necessary to obtain the permit in my name. I understand and  
agree that I am solely responsible for the accuracy of information submitted and for  
compliance with all requirements on my Onsite Sewage Treatment Disposal System  
permit.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM  
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. \_\_\_\_\_  
DATE PAID: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_

APPLICATION FOR:

[ ] New System [ ] Existing System [ ] Holding Tank [ ] Innovative  
[ ] Repair [ ] Abandonment [ ] Temporary [ ]

APPLICANT: \_\_\_\_\_

AGENT: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PLATTED: \_\_\_\_\_

PROPERTY ID #: \_\_\_\_\_ ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: \_\_\_\_\_ ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD  
IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: \_\_\_\_\_

DIRECTIONS TO PROPERTY: \_\_\_\_\_

BUILDING INFORMATION

[ ] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
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1	_____	_____	_____	_____
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2	_____	_____	_____	_____
---	-------	-------	-------	-------

3	_____	_____	_____	_____
---	-------	-------	-------	-------

4	_____	_____	_____	_____
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[ ] Floor/Equipment Drains [ ] Other (Specify) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**APPLICANT:**

Property owner's full name.

**AGENT:**

Property owner's legally authorized representative.

**TELEPHONE:**

Telephone number for applicant or agent.

**MAILING ADDRESS:**

P.O. box or street, city, state and zip code mailing address for applicant or agent.

**LOT, BLOCK, SUBDIVISION:**

Lot, block, and subdivision for lot (recorded or unrecorded subdivision). If lot is not in a recorded subdivision, a copy of the lot legal description or deed must be attached.

**DATE OF SUBDIVISION:**

Official date of subdivision recorded in county plat books (month/day/year) or date lot originally recorded. Dividing an approved lot into two or more parcels for the purpose of conveying ownership shall be considered a subdivision of the lot.

**PROPERTY ID#:**

27 character number for property. CHD may require property appraiser ID # or section/township/range/parcel number.

**ZONING:**

Specify zoning and whether or not property is in I/M zoning or equivalent usage.

**PROPERTY SIZE:**

Net usable area of property in acres (square footage divided by 43,560 square feet) exclusive of all paved areas and prepared road beds within public rights-of-way or easements and exclusive of streams, lakes, normally wet drainage ditches, marshes, or other such bodies of water. Contiguous unpaved and non-compacted road rights-of-way and easements with no subsurface obstructions may be included in calculating lot area.

**WATER SUPPLY:**

Check private or public <= 2000 gallons per day or public > 2000 gallons per day.

**SEWER AVAILABILITY:**

Is sewer available as per 381.0065, Florida Statutes, and distance to sewer in feet.

**PROPERTY ADDRESS:**

Street address for property. For lots without an assigned street address, indicate street or road and locale in county.

**DIRECTIONS:**

Provide detailed instructions to lot or attach an area map showing lot location.

**BUILDING INFORMATION:  
TYPE ESTABLISHMENT:**

Check residential or commercial.  
List type of establishment from Table II, Chapter 64E-6, FAC. Examples: single family, single wide mobile home, restaurant, doctor's office.

**NO. BEDROOMS:**

Count all rooms designed primarily for sleeping and those areas expected to routinely provide sleeping accommodations for occupants.

**BUILDING AREA:**

Total square footage of enclosed habitable area of dwelling unit, excluding garage, carport, exterior storage shed, or open or fully screened patios or decks. Based on outside measurements for each story of structure.

**BUSINESS ACTIVITY:**

For commercial/institutional applications only. List number of employees, shifts, and hours of operation, or other information required by Table II, Chapter 64E-6, FAC.

**FIXTURES:**

Mark Floor/Equipment Drains or Others and specify item or "NA" if not applicable.

**SIGNATURE / DATE:**

Signature of applicant or agent. Date application submitted to the CHD with appropriate fees and attachments.

**ATTACHMENTS:** A site plan drawn to scale, showing boundaries with dimensions, locations of residences or buildings, swimming pools, recorded easements, onsite sewage disposal system components and location, slope of property, any existing or proposed wells, drainage features, filled areas, obstructed areas, and surface water. Location of wells, onsite sewage disposal systems, surface waters, and other pertinent facilities or features on adjacent property, if the features are within 75 feet of the applicant lot. Location of any public well within 200 feet of lot. For residences, a floor plan (residences) showing number of bedrooms and building area of each unit. For nonresidential establishments, a floor plan showing the square footage of the establishment, all plumbing drains and fixture types, and other features necessary to determine composition and quantity of wastewater.



Job Bush  
Inspector



John O. Agwuonibi, M.D., M.B.A.  
Secretary

THE FOLLOWING ITEMS ON THE CHECK LIST MUST BE COMPLETED IN THEIR ENTIRETY BEFORE THE APPLICATION FOR AN ON SITE SEWAGE TREATMENT AND DISPOSAL SYSTEM "SITE-ONLY" WILL BE ACCEPTED FOR PROCESSING. ALL (5) ITEMS MUST BE MARKED WITH AN "X".

01.        TAX PARCEL (PROPERTY I.D.) NUMBER \_\_\_\_\_  
This may be obtained by calling the Leon County Tax Collectors Office at (850) 488-4381

02.        APPLICATION PAGE \_\_\_\_\_  
The application page must be completed in its' entirety and signed.  
**NOTE: If the owner of the property uses an authorized representative to obtain a "site-only" approval for the placement of an on site sewage treatment and disposal system on a lot, a signed statement from the owner of the property assigning authority for the representative to act on the owner's behalf shall accompany the application.**

03.        SITE PLAN \_\_\_\_\_  
Complete the checklist on the reverse of the site plan in its' entirety. All site plans must be drawn showing dimensions.

04.        PROVIDE COMPLETE DIRECTIONS TO THE JOB SITE \_\_\_\_\_  
**NOTE:** The job site must be properly marked with the flags provided by the Leon County Health Department after the application has been accepted.

05.        FEE SCHEDULE \_\_\_\_\_  
A.        "Site-Only" evaluation fee is \$115.00.  
B.        Permit fee with completed site evaluation is \$190.00.  
**NOTE:** If a "site-only" application is converted into a permit, an application packet for a New on sit sewage treatment and disposal system permit must be completed.

#### "SITE-ONLY" EVALUATION NOTICE

Please be advised that the information you received from a "site-only" evaluation is not a guarantee that a new on site sewage treatment and disposal system permit will be issued. The longer the time lapse from site evaluation to a request for a construction permit, the more likely changes will have occurred that may invalid the evaluation. Alterations to the subject lot or adjacent lots or the discovery of additional information concerning the lot could directly affect our ability to issue a new on site sewage treatment and disposal system permit. The evaluation may be affected by: erosion, man-made changes in the lot, changes in the water table, changes in drainage, installation of wells on surrounding property, changes in the law, rules, or local ordinances.

#### IS THE SITE ACCESSIBLE AND MARKED

- Gates are unlocked
- Dogs are restrained
- Brush is clear enough to get to the site (minimum 4ft. wide path)
- Yellow flag at the road marks the entrance to the property
- Pink flag marks the location of the proposed septic site
- Blue flag marks the location of the proposed well

THIS APPLICATION WAS SUBMITTED BY \_\_\_\_\_

AND ACCEPTED FOR PROCESSING BY \_\_\_\_\_

DATED \_\_\_\_\_